

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/599035						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓		↓		TOTAL IND.		↓			↓	
TOTAL DEP.	18	←		←	←		TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS	19	[REDACTED]		[REDACTED]			TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	